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| Federal Communications Commission Washington, D.C. 20554 | Approved by OMB 3060-0010 (June 2014) | FOR FCC USE ONLY |
| FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS | | FOR COMMISSION USE ONLY FILE NO. -20151116ALI |

Section I - General Information

| | | | |
|----|--|--|-----------------------------|
| 1. | Legal Name of the Respondent GOOD KARMA BROADCASTING, LLC | | |
| | Street Address (1) 100 STODDARD STREET | | |
| | Street Address (2) | | |
| | City BEAVER DAM | State or Country (if foreign address) WI | ZIP Code 53916 - |
| | Telephone Number (include area code) 9208854442 | E-Mail Address (if available) CKARMAZIN@GOODKARMABRANDS.COM | |
| | FCC Registration Number: 0003768835 | Call Sign WAUK | Facility ID Number 10824 |
| 2. | Contact Representative NANCY A. ORY, ESQ. | | |
| | Firm or Company Name LERMAN SENTER PLLC | | |
| | Street Address (1) LERMAN SENTER PLLC | | |
| | Street Address (2) 2000 K STREET, NW, SUITE 600 | | |
| | City WASHINGTON | State or Country (if foreign address) DC | ZIP Code 20006 - 1809 |
| | Telephone Number (include area code) 2024166791 | E-Mail Address (if available) NORY@LERMANSENTER.COM | |
| 3. | Nature of Respondent (See Instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest | | |
| 4. | If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input checked="" type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required) | | |
| 5. | All of the information furnished in this Report is accurate as of 10/01/2015 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i> | | |
| 6. | Purpose: This Report is filed for: (choose one) | | |
| | a. <input checked="" type="radio"/> Biennial | | |
| | b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report) | | |

c. ☐ Transfer of Control or Assignment of License/Permit

d. ☐ Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.

e. ☐ Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)

f. ☐ Amendment to a previously filed Ownership Report

File Number: -

If an Amendment, **submit as an Exhibit** a listing by Section and Question Number the portions of the previous Report that are being revised.

[Exhibit 1]

7.

Licensee and Station Information. The stations listed below are all licensed to the following person or entity:

| | |
|------------------------------|--|
| Licensee Name | Licensee's FCC Registration Number (FRN) |
| GOOD KARMA BROADCASTING, LLC | 0003768835 |

Station List

This Report is filed for the following stations:

| Copy | Call Sign | Facility ID Number | Location (City/State) | Class of service |
|------|-----------|--------------------|------------------------|------------------|
| 1. | WAUK | 10824 | JACKSON , WISCONSIN | AM Station |
| 2. | WBEV | 4475 | BEAVER DAM , WISCONSIN | AM Station |
| 3. | WEFL | 35148 | TEQUESTA , FLORIDA | AM Station |
| 4. | WKNR | 28509 | CLEVELAND , OHIO | AM Station |
| 5. | WRRD | 70771 | WAUKESHA , WISCONSIN | AM Station |
| 6. | WTLX | 4477 | MONONA , WISCONSIN | FM Station |
| 7. | WTTN | 71092 | COLUMBUS , WISCONSIN | AM Station |
| 8. | WWGK | 70659 | CLEVELAND , OHIO | AM Station |
| 9. | WXRO | 4474 | BEAVER DAM , WISCONSIN | FM Station |
| 10. | WUUB | 24143 | JUPITER , FLORIDA | FM Station |

8.

Respondent is:

☐ Sole Proprietorship

☐ Not-for-profit corporation

☐ Limited partnership

☐ For-profit corporation

☐ General partnership

☐ Other

If "Other," describe nature of the Respondent in an Exhibit.

[Exhibit 2]

Section II-B - Biennial Ownership Information

1.

Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/JSA or network affiliation agreements.

☐ Not Applicable

Contract Information

| Copy | Description of contract or instrument | Name of person or organization with whom contract is made | Date of Execution | Date of Expiration | Agreement Type (check all that apply) |
|------|---------------------------------------|---|-------------------------------|---|---|
| 1. | OPERATING AGREEMENT | STATE OF DELAWARE | Month JULY Year 1997 | Month Year <input checked="" type="checkbox"/> No Expiration Date | <input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other |

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)

☒ Not Applicable

[Enter Capitalization Information]

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report or file separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interests Information

| | | |
|------------|--------------------------|--|
| Copy 1. | Name | GOOD KARMA BROADCASTING, LLC |
| | Address | Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) US |
| | Listing Type | <input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder |
| | Relationship to Licensee | <input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest |

| | | | |
|--|--|--|--|
| | | <input checked="" type="radio"/> Entity with attributable interest | |
| Positional Interest (Check all that apply) | | <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT/LICENSEE | |
| FCC Registration Number | | 0003768835 | |
| Gender, Ethnicity, Race and Citizenship Information (Natural Persons) | | <input checked="" type="checkbox"/> N/A (entity) | |
| | | <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female | |
| | | <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino | |
| | | <u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | |
| | | <u>Citizenship</u> US | |
| | Percentage of votes | 0.0 % | |
| | Percentage of equity | 0.0 % | |
| | Percentage of total assets (equity debt plus) | 0.0 % | |
| Copy 2. | Name | CRAIG KARMAZIN | |
| | Address | Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM, WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) US | |
| | Listing Type | <input checked="" type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder | |

| | | | | | | | |
|--|---|------|------------------|---------|--|--------------|--|
| Relationship to Licensee | <input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest | | | | | | |
| Positional Interest (Check all that apply) | <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify): | | | | | | |
| FCC Registration Number | 0019399807 | | | | | | |
| Gender, Ethnicity, Race and Citizenship Information (Natural Persons) | <input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US | | | | | | |
| Percentage of votes | 100.0 % | | | | | | |
| Percentage of equity | 68.0 % | | | | | | |
| Percentage of total assets (equity debt plus) | 100.0 % | | | | | | |
| Copy 3. | <table border="1"> <tr> <td>Name</td> <td>STEVE POLITZINER</td> </tr> <tr> <td>Address</td> <td> Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) </td> </tr> <tr> <td>Listing Type</td> <td> <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder </td> </tr> </table> | Name | STEVE POLITZINER | Address | Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) | Listing Type | <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder |
| Name | STEVE POLITZINER | | | | | | |
| Address | Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) | | | | | | |
| Listing Type | <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder | | | | | | |

| | | | | | | | |
|--|---|------|-----------------|---------|--|--------------|--|
| Relationship to Licensee | <input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest | | | | | | |
| Positional Interest (Check all that apply) | <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify): | | | | | | |
| FCC Registration Number | 0021247101 | | | | | | |
| Gender, Ethnicity, Race and Citizenship Information (Natural Persons) | <input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US | | | | | | |
| Percentage of votes | 0.0 % | | | | | | |
| Percentage of equity | 10.0 % | | | | | | |
| Percentage of total assets (equity debt plus) | 0.0 % | | | | | | |
| Copy 4. | <table border="1"> <tr> <td>Name</td> <td>SHARON KARMAZIN</td> </tr> <tr> <td>Address</td> <td> Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) </td> </tr> <tr> <td>Listing Type</td> <td> <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder </td> </tr> </table> | Name | SHARON KARMAZIN | Address | Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) | Listing Type | <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder |
| Name | SHARON KARMAZIN | | | | | | |
| Address | Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) | | | | | | |
| Listing Type | <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder | | | | | | |

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|--|---|------|-----------|---------|--|--------------|--|
| Relationship to Licensee | <input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest | | | | | | |
| Positional Interest (Check all that apply) | <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify): | | | | | | |
| FCC Registration Number | 0021247077 | | | | | | |
| Gender, Ethnicity, Race and Citizenship Information (Natural Persons) | <input type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input checked="" type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US | | | | | | |
| Percentage of votes | 0.0 % | | | | | | |
| Percentage of equity | 10.0 % | | | | | | |
| Percentage of total assets (equity debt plus) | 0.0 % | | | | | | |
| Copy 5. | <table border="1"> <tr> <td>Name</td> <td>SAM PINES</td> </tr> <tr> <td>Address</td> <td> Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) </td> </tr> <tr> <td>Listing Type</td> <td> <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder </td> </tr> </table> | Name | SAM PINES | Address | Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) | Listing Type | <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder |
| Name | SAM PINES | | | | | | |
| Address | Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) | | | | | | |
| Listing Type | <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder | | | | | | |

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| Relationship to Licensee | <input checked="" type="checkbox"/> Licensee (or Officer/Director of Licensee) <input type="checkbox"/> Person with attributable interest <input type="checkbox"/> Entity with attributable interest |
| Positional Interest (Check all that apply) | <input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> General Partner <input checked="" type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input checked="" type="checkbox"/> Attributable Creditor <input checked="" type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify): |
| FCC Registration Number | 0021247135 |
| Gender, Ethnicity, Race and Citizenship Information (Natural Persons) | <input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input checked="" type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US |
| Percentage of votes | 0.0 % |
| Percentage of equity | 3.0 % |
| Percentage of total assets (equity debt plus) | 0.0 % |
| Copy 6. | Name KEITH WILLIAMS Address Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) |
| Listing Type | <input checked="" type="checkbox"/> Respondent |

| | |
|--|---|
| | <input checked="" type="checkbox"/> Other Interest Holder |
| Relationship to Licensee | <input checked="" type="checkbox"/> Licensee (or Officer/Director of Licensee) <input checked="" type="checkbox"/> Person with attributable interest <input checked="" type="checkbox"/> Entity with attributable interest |
| Positional Interest (Check all that apply) | <input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> General Partner <input checked="" type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input checked="" type="checkbox"/> Attributable Creditor <input checked="" type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): |
| FCC Registration Number | 0021247176 |
| Gender, Ethnicity, Race and Citizenship Information (Natural Persons) | <input checked="" type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input checked="" type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US |
| Percentage of votes | 0.0 % |
| Percentage of equity | 3.0 % |
| Percentage of total assets (equity debt plus) | 0.0 % |
| Copy 7. | Name: TIM COLLIGAN Address: Street 100 STODDART STREET P.O. BOX 902 City/State: BEAVER DAM, WISCONSIN Postal/ZIP Code: 53916 - Country (if not U.S.): |
| Listing Type | <input checked="" type="checkbox"/> Respondent |

| | | | | | | | |
|--|---|------|---------------|---------|--|--------------|--|
| | <input checked="" type="checkbox"/> Other Interest Holder | | | | | | |
| Relationship to Licensee | <input checked="" type="checkbox"/> Licensee (or Officer/Director of Licensee) <input checked="" type="checkbox"/> Person with attributable interest <input checked="" type="checkbox"/> Entity with attributable interest | | | | | | |
| Positional Interest (Check all that apply) | <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify): | | | | | | |
| FCC Registration Number | 0021247184 | | | | | | |
| Gender, Ethnicity, Race and Citizenship Information (Natural Persons) | <input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US | | | | | | |
| Percentage of votes | 0.0 % | | | | | | |
| Percentage of equity | 3.0 % | | | | | | |
| Percentage of total assets (equity debt plus) | 0.0 % | | | | | | |
| Copy 8. | <table border="1"> <tr> <td>Name</td> <td>ERIC DAVIDSON</td> </tr> <tr> <td>Address</td> <td> Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) </td> </tr> <tr> <td>Listing Type</td> <td><input checked="" type="checkbox"/> Respondent</td> </tr> </table> | Name | ERIC DAVIDSON | Address | Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) | Listing Type | <input checked="" type="checkbox"/> Respondent |
| Name | ERIC DAVIDSON | | | | | | |
| Address | Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) | | | | | | |
| Listing Type | <input checked="" type="checkbox"/> Respondent | | | | | | |

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|--|---|
| | <input checked="" type="radio"/> Other Interest Holder |
| Relationship to Licensee | <input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest |
| Positional Interest (Check all that apply) | <input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> General Partner <input checked="" type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input checked="" type="checkbox"/> Attributable Creditor <input checked="" type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify): |
| FCC Registration Number | 0021247192 |
| Gender, Ethnicity, Race and Citizenship Information (Natural Persons) | <input checked="" type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input checked="" type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US |
| Percentage of votes | 0.0 % |
| Percentage of equity | 3.0 % |
| Percentage of total assets (equity debt plus) | 0.0 % |

(b.)

Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.

☒ Yes ☐ No
[Exhibit 3]

| | If "No," submit as an Exhibit an explanation. | | | | | | | | | | | | | | | | |
|------------------------|---|---|-----------------------|-----------------------|--|--|------|------|------------------|--------|----------|----|----------------------------------|----------------------------------|-----------------------|-----------------------|---|
| (c.) | <p>Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555?</p> <p>If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please Click Here.</p> <p>[Broadcast Interests Subform]</p> <p>[Newspaper Interests Subform]</p> | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | | | | | | | | | | | |
| (d.) | <p>Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?</p> <p>If "Yes", complete the information describing the relationship.</p> <table border="1" style="margin: 10px auto; width: 80%;"> <thead> <tr> <th colspan="5">Familial Relationships</th> </tr> <tr> <th>Copy</th> <th>Name</th> <th>Parent/ Child</th> <th>Spouse</th> <th>Siblings</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>SHARON KARMAZIN / CRAIG KARMAZIN</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> | Familial Relationships | | | | | Copy | Name | Parent/ Child | Spouse | Siblings | 1. | SHARON KARMAZIN / CRAIG KARMAZIN | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Familial Relationships | | | | | | | | | | | | | | | | | |
| Copy | Name | Parent/ Child | Spouse | Siblings | | | | | | | | | | | | | |
| 1. | SHARON KARMAZIN / CRAIG KARMAZIN | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | |
| (e.) | <p>Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?</p> <p>If "Yes", complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.</p> <p>[Enter Attribution Exemption Information]</p> | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | | | | | | | | | | | |
| 4. | <p>Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p> <p>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</p> | <input checked="" type="checkbox"/> N/A | | | | | | | | | | | | | | | |

| | | |
|----|--|--|
| | [Enter Respondent Interests Held Information] | |
| 5. | <p>Organizational Chart. LICENSEES ONLY: Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p> | <input checked="" type="checkbox"/> N/A [Exhibit 5] |

SECTION III - CERTIFICATION

I certify that I am AN OFFICER

(Official Title)

of GOOD KARMA BROADCASTING, LLC

(Exact legal title or name of Respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

| | |
|---|--------------------|
| Signature CRAIG KARMAZIN | Date 11/16/2015 |
| Telephone Number of Respondent (Include area code) 9208854442 | |

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

Exhibit 2

Description: LIMITED LIABILITY CORPORATION

LIMITED LIABILITY CORPORATION

Exhibit 3

Description: NOT APPLICABLE

N/A

Exhibit 5

Description: ORGANIZATIONAL CHART

ORGANIZATIONAL CHART

Attachment 5

| Description |
|--------------------------------------|
| Organizational Chart |

ORGANIZATIONAL CHART

